

AMBULATORY (OUT-PATIENT CLINIC) EXPERIENCE

Mission Statement

We endorse the statement of mission implicit in the Guidelines for Training in Adult Clinical Cardiovascular Medicine (Core Cardiology Training Symposium [COCATS]; JACC Vol. 25, No. 1; January 1995: 1-34.). Trainees are required to attend an ambulatory continuity clinic or other clinic experience for at least 1/2 day/week for 36 months (or equivalent period).

Statement of Educational Goals

The goals are to provide a longitudinal outpatient cardiovascular patient management and consultation experience in which the fellow assumes full patient responsibility under the preceptorship of a single cardiology faculty member.

- (1) Medical Knowledge: The fellow will learn to interpret the signs and symptoms of cardiac disease. He/she will develop analytical skills to form differential diagnoses for common presenting symptoms and signs and appropriate diagnostic testing strategies. He/she will be familiar with current treatment modalities and develop skills of prescribing these in a safe and effective manner.
- (2) Patient Care: The fellow will sharpen his/her bedside skills of gathering historical information and performing the physical examination. The fellow will learn to exercise appropriate management of cardiac disease in the outpatient setting. The fellow will learn to evaluate and modify risk factors for cardiac diseases. The fellow will gain a longitudinal perspective of the clinical course of patients with chronic heart disease and will learn the appropriate intervals for periodic evaluation and testing of patients with chronic heart disease. Educating patients on effective preventive measures will be especially important in the outpatient arena and will constitute a major segment of the clinic visit.
- (3) Professionalism: The fellow will be expected to demonstrate respect for patients, referring physicians, and allied health personnel in the clinic. He/she will be compassionate and empathic with patients. The fellow will be sensitive and responsive to diversity and demonstrate highest ethical standards. Patients' privacy and confidential communications will be respected.
- (4) Interpersonal and Communication Skills: The fellow will establish a personal relationship with patients that is conducive to mutual trust and openness. Communications with patients will be open-ended and sensitive. Language and non-verbal communication will be used that will assure mutual understanding. Interpreters will be used whenever the fellow is not fluent in the patient's language. The fellow will communicate his/her diagnostic impressions, suggested testing and management strategies with the referring physicians in a clear and timely manner.
- (5) Practice-Based Learning: The fellow will utilize information technology and other available resources to gather information and to support patient care decisions. The fellow will identify areas for improvement and develop strategies to deliver better care.
- (6) Systems-Based Learning: The fellow will interact with insurers, social agencies, and referring physicians and institutions to assure cost-effective and high-quality care. He/she will learn strategies to access and utilize community resources for patients.

General Statement of Expectations of Fellows (at Strong Memorial Hospital/Off-Site Cardiology Offices)

- Fellow's Clinic will be scheduled for one half-day every week in the Paul N. Yu Heart Center on the Ground floor of the Ambulatory Care building, or at an off-site clinic location.
- Off-site clinics will be scheduled for one afternoon every week at the University of Rochester Clinton Crossings offices (Strong Cardiology Associates), and Highland Hospital Cardiology.
- Additional outpatient assignments occur during the Vascular, Cardiac Rehab/Prevention, and Congenital Heart Disease rotations
- New patients will be allotted 40 minutes and follow-up patients 20 minutes. This permits the preceptor to spend appropriate time with the patient and/or fellow (15-20 minutes for a new patient, 5-10 minutes for a revisit).
- The dates and location of each fellow clinic will be determined at the beginning of the fellowship. Fellows may schedule patients requiring URGENT visits outside the usual clinic session. The SMH fellows should do so with the Fellow's Clinic secretary (Barbara Entz, x5-0026), or their clinic preceptor's secretary if not at SMH. The secretary will coordinate a time to assure the faculty preceptor's availability. All Fellows' Clinic records are maintained by the Medical Records staff in the Paul N. Yu Heart Center, and are accessible at all times.
- Referrals will come from multiple sources and will represent a wide spectrum of disease entities and socioeconomic groups. Self-referral of patients seen during the in-patient or the catheterization rotation will constitute a significant portion of patients seen by the fellow. Patients referred from the General Medicine and Primary Care clinics will, if possible, be preferentially scheduled to the fellows' clinic. Suitable private patients referred to the preceptor can also be directed to the fellow.
- Each new patient will be presented by the fellow to the preceptor, who will also visit the patient and verify pertinent historical and physical findings. Likewise, during subsequent visits, the preceptor will see each patient personally, although the length of discussion and examination of the patient will vary according to the complexity of the problem. Patients should understand that the fellow is the patient's principal care provider in this setting, but he/she should also know that the preceptor is the senior person and is consulted and involved in all aspects of the patient's care.
- The fellow will type clinic notes in Allscripts. This letter will serve as the official record of the visit and must include pertinent "HCFA/AMA Documentation Guidelines for Evaluation and Management Services" requirements (to be reviewed by the preceptor). It must indicate the integral role played by the attending physician, bear the signatures of both fellow and preceptor, and will also serve as the attending note.

- It is the responsibility of the fellow to assure that letters are promptly entered into the computer system (Pronto or Allscripts) the same day as the visit, reviewed for errors, signed and then referred to the preceptor for signature. Prompt receipt of letters by the referring physician is important to the viability of such a referral practice.
- Fellows must obtain results of all ancillary studies ordered, review those results with the preceptor when appropriate, and also communicate the results and any additional treatment recommendations to the patient AND the referring physician. These communications must be documented via addendum notes, either by dictation or Allscripts documentation.
- Fellows are expected to assume full consultant responsibility for their patients. Thus, they are expected to respond to patient phone calls, see patients emergently if indicated, and follow patients admitted to the in-patient services. In general, in-patients requiring follow-up of more than one visit should be cared for by the Cardiology Consultation Service. These patients will return to the care of the fellow after discharge.
- Fellows who are unavailable because of planned absences or other commitments must obtain approval from the preceptor, must coordinate rescheduling previously scheduled patients with the clinical schedulers (x5-2475), must arrange with another fellow for emergency coverage, and must notify the preceptor of coverage arrangements. Thus, the fellow group should operate like a group practice.
- The only time a fellow will not have regular weekly clinic is when they or their preceptor have approved vacation time. When a fellow is assigned to the CCU rotation, a fellow on an elective or research rotation will be identified to cover the CCU while a fellow sees his or her patients in Continuity Clinic.
- Preceptors anticipating their absence from a particular clinic will arrange with another faculty member for coverage, and will notify fellows assigned to the specific session of the alternate preceptor.
- At the end of their fellowship, fellows will explain their planned departure with patients whom they have developed an on-going relationship, will reassure patients about continuity by pointing out the preceptor's continuing involvement, and will dictate a short summary off-service note for the arriving fellow.

Specific Procedures

At the outset of fellowship, assignment will be made for outpatient responsibilities throughout fellowship at either the Paul N. Yu Heart Center, at the University of Rochester Clinton Crossings offices or Highland Hospital Cardiology.

- Fellows will be expected to verify patient schedules one day in advance by contacting the schedulers (x5-2475) or utilizing the on-line appointment system where applicable.
- Fellows will arrive at their clinic location at the time of the first scheduled appointment.

- Clinical technologists will weigh each patient, escort the patient to an examination room, obtain vital signs, and, if indicated, perform an ECG prior to the fellow's visit
- The fellow will obtain the patient's history, perform a physical examination, interpret the ECG, and formulate a diagnosis and treatment plan. The fellow will present the patient to, and the diagnostic and treatment plans will be discussed with, the preceptor. The preceptor will then visit the patient, clarify outstanding issues, examine the patient, and discuss unsettled issues with the fellow. Plans for further testing, intervention, and follow up will be communicated to the patient by the fellow.
- The fellow is responsible for completing the Encounter Form by: 1) noting the level of care; 2) checking the ECG box if one was performed; 3) coding the visit diagnosis; 4) noting plans for follow-up; and 5) identifying any ancillary tests which need to be scheduled, providing reason for test referrals and specific scheduling information (e.g., noting that the lipid profile should be performed in the fasting state, or that an echocardiogram should be scheduled the same day as the next visit).
The fellow should hand the completed form to the patient and instruct the patient to deliver it to the waiting room receptionist.
- Additional documentation from the visit such as ECGs or paper copies of outside reports/labs should be placed in the box of items to be scanned into the Allscripts electronic medical record system.

Specific Procedures at Off-site Locations

Specific procedures at off-site locations will be at the discretion of the off-site preceptor. The overall role and responsibilities of the fellow will not be substantially different from those as outlined above for specific procedures at Strong Memorial Hospital.

Credentials of Medical Staff

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